

14407

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 9 1944

Registration District No. 66

Primary Registration District No. 4116

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Sumner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 yrs. years, months or days)

3. (a) PRINT FULL NAME William McDonald

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased MARCH 27 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days _____ If less than one day
hr. _____ min.

9. Birthplace LINN CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Shoe Repair

12. Name LEWIS McDONALD

13. Birthplace LINN CO MO
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BALLADAY

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William McDonald

(b) Address Sumner Mo.

17. (a) Burial (b) Date thereof 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakeside

18. (a) Signature of funeral director Wendell

(b) Address Sumner Mo.

19. (a) ARR 7, EX (b) MARTHA CLARK
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Sumner
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1944 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 6 A.M.
April 4th 1944 to April 5 1944
that I last saw him alive at 10 PM Apr 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis & Thrombosis Duration _____

Due to Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature W. H. Hardy (M.D. or other) _____

Address Sumner Date signed Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1355 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.